

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>Sonia Rykiel, Inc.</u>	
2.	All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Lola Realty, Inc.</u> <u>FKA Salome Realty, Inc.</u>	
3.	Debtor's federal Employer Identification Number (EIN)	<u>13-3875275</u>	
4.	Debtor's address	Principal place of business <u>5 East 57th Street</u> <u>14th Floor</u> <u>New York, NY 10022</u> <small>Number, Street, City, State & ZIP Code</small> <u>New York</u> <small>County</small>	Mailing address, if different from principal place of business <u>Location of principal assets, if different from principal place of business</u> <u>Showroom</u> <u>816 Madison Avenue New York, NY 10065</u> <small>Number, Street, City, State & ZIP Code</small>
5.	Debtor's website (URL)	<u>www.soniarykiel.com/en_us/</u>	
6.	Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **Sonia Rykiel, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4812**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Sonia Rykiel, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Sonia Rykiel, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 16, 2019**
MM / DD / YYYY

X /s/ Pieter Oosting

Signature of authorized representative of debtor

Title **President**

Pieter Oosting

Printed name

18. Signature of attorney

X /s/ Kathleen M. Aiello

Signature of attorney for debtor

Date **April 16, 2019**

MM / DD / YYYY

Kathleen M. Aiello

Printed name

Fox Rothschild LLP

Firm name

**101 Park Avenue
Suite 1700
New York, NY 10178**

Number, Street, City, State & ZIP Code

Contact phone **(212) 878-7900**

Email address **kaiello@foxrothschild.com**

772190 NY

Bar number and State

Fill in this information to identify the case:

Debtor name Sonia Rykiel, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 16, 2019

X /s/ Pieter Oosting

Signature of individual signing on behalf of debtor

Pieter Oosting

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Sonia Rykiel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum**
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00**1b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **2,412,691.24**1c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **2,412,691.24****Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **16,796.00**3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **11,838,042.54**4. **Total liabilities**
Lines 2 + 3a + 3b\$ **11,854,838.54**

Fill in this information to identify the case:Debtor name Sonia Rykiel, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$1,632.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase BankChecking9021\$635.713.2. HSBC BankChecking2307\$5,680.203.3. Chase Bank (Ex Lola)Checking6198\$9,159.613.4. Bank of America (Ex Lola)Checking0958\$5,117.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$22,224.52**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Debtor **Sonia Rykiel, Inc.** Case number (If known) _____
Name

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Security Deposit for Office Lease (57th Street)** **\$42,985.86**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Prepayment** **\$104,509.00**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$147,494.86

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **215,348.00** - **0.00** = **\$215,348.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **218,576.00** - **0.00** = **\$218,576.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$433,924.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				

Debtor **Sonia Rykiel, Inc.** Case number (If known) _____
 Name _____

21.	Finished goods, including goods held for resale Inventory located at Stellae (off site location)	\$756,636.00	Purchase Price	\$756,636.00
	Located at Showroom: 816 Madison Ave New York, NY 10065	\$466,407.00		\$466,407.00
	Located at: Bloomingdales 225 Boylston Street, Mall Chestnut Hill, Massachusetts 02467	\$42,794.00		\$42,794.00
	Located at Bloomingdales - 59th Street 1000 Third Avenue New York, New York 10022	\$98,597.00		\$98,597.00
22.	Other inventory or supplies Freight, Custom and Duty in Inventory	\$352,016.00	Rolling Average	\$352,016.00

23. **Total of Part 5.** **\$1,716,450.00**
 Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description

**Net book value of
debtor's interest
(Where available)**

**Valuation method used
for current value**

**Current value of
debtor's interest**

Debtor **Sonia Rykiel, Inc.** Case number (if known) _____
Name

39. **Office furniture**

40. **Office fixtures**
Mainly concerning Madison Avenue
Showroom (See Attached Inventory) **\$92,597.86** **\$92,597.86**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Software **Unknown** **\$0.00**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **\$92,597.86**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Sonia Rykiel, Inc.**
Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$22,224.52</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$147,494.86</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$433,924.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,716,450.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$92,597.86</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,412,691.24</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,412,691.24</u>

Inventory of Furniture, Fixtures and Equipment

Description	Enabling date	Somme de Accounting base	Cumulative Depreciation as of 02/28/19	Somme de Depreciation	Somme de Cumulative Dep. 03/31/2019	Somme de Net Value
GARLAND CONCEPT WINDOWS SS17	2/2/2017	2,750.00	2,750.00	0.00	2,750.00	0.00
FIXTURES & FITTINGS	1/1/2017	3,400.00	3,400.00	0.00	3,400.00	0.00
LAYOUT CAPUSLE COLLECTION WINDOW	3/20/2017	5,662.50	5,662.50	0.00	5,662.50	0.00
LIGHTING FEES	2/25/2016	746.90	746.90	0.00	746.90	0.00
WIRING PHONE SYSTEM	2/25/2016	2,250.00	2,250.00	0.00	2,250.00	0.00
ALARM SYSTEM INSTALLATION	2/25/2016	2,289.09	2,289.09	0.00	2,289.09	0.00
ARCHITECT FEES	2/25/2016	27,840.00	27,840.00	0.00	27,840.00	0.00
LOCKSMITHING	2/29/2016	2,559.65	2,559.65	0.00	2,559.65	0.00
ARCHITECT FEES	2/25/2016	11,656.05	11,656.05	0.00	11,656.05	0.00
CONSTRUCTION MANAGEMENT FEES	2/25/2016	3,000.00	3,000.00	0.00	3,000.00	0.00
POWER SUPPLY	3/26/2016	4,088.36	4,088.36	0.00	4,088.36	0.00
STORE FRONT	9/1/2016	5,813.93	5,813.93	0.00	5,813.93	0.00
SOUND SYSTEM	12/1/2016	1,976.08	1,976.08	0.00	1,976.08	0.00
SOUND SYSTEM	9/1/2017	728.09	647.64	80.45	728.09	0.00
		74,760.65	74,680.20	80.45	74,760.65	0.00
SAMSUNG MONITOR	3/20/2017	4,055.00	4,055.00	0.00	4,055.00	0.00
SAMSUNG 48" MONITOR ON CEILING	3/20/2017	4,825.00	4,825.00	0.00	4,825.00	0.00
DELL COMPUTER	2/25/2016	1,326.07	1,259.64	66.43	1,326.07	0.00
DELL OPTIPLEX 3020 M	2/25/2016	1,304.30	1,238.97	65.33	1,304.30	0.00
JIFFY PRO-LINE CIAL CLOTHING STEAMER	2/25/2016	664.56	664.56	0.00	664.56	0.00
SAFESCAN TA-8025	2/25/2016	615.99	615.99	0.00	615.99	0.00
DELL LATITUDE E5550	4/1/2016	717.49	717.49	0.00	717.49	0.00
		13,508.41	13,376.65	131.76	13,508.41	0.00
SPANGLES BEADED CURTAIN	2/2/2017	1,372.11	1,372.11	0.00	1,372.11	0.00
CARPET WALLS	3/20/2017	1,325.00	1,325.00	0.00	1,325.00	0.00
MANNEQUINS	2/25/2016	4,260.00	4,260.00	0.00	4,260.00	0.00
CORNER FURNITURES	2/25/2016	37,550.99	37,550.99	0.00	37,550.99	0.00
INTERIOR DESIGN	2/25/2016	207,399.40	207,399.40	0.00	207,399.40	0.00

MILLWORK PRODUCTION	2/25/2016	83,420.03	83,420.03	0.00	83,420.03	0.00
WOODEN & STAINLESS FURNITURES	2/25/2016	15,829.27	15,829.27	0.00	15,829.27	0.00
WINDOW ELEMENTS	2/25/2016	7,240.19	7,240.19	0.00	7,240.19	0.00
WINDOW ELEMENTS	2/25/2016	13,255.53	13,255.53	0.00	13,255.53	0.00
CARPET	2/25/2016	13,513.59	13,513.59	0.00	13,513.59	0.00
CARPET LAYING	2/25/2016	2,069.15	2,069.15	0.00	2,069.15	0.00
POLISHED STAINLESS STEEL SUPPORT	2/25/2016	1,120.41	1,120.41	0.00	1,120.41	0.00
2 MANNEQUINS	2/25/2016	3,383.00	3,383.00	0.00	3,383.00	0.00
SWIVEL POD CHAIRS-A PAIR	2/25/2016	1,224.00	1,224.00	0.00	1,224.00	0.00
SOFA	2/25/2016	4,600.00	4,600.00	0.00	4,600.00	0.00
UNIVERSAL SHELVING SYSTEM	2/25/2016	3,965.24	3,965.24	0.00	3,965.24	0.00
TABLES HAVING A "C"	2/25/2016	4,899.38	4,899.38	0.00	4,899.38	0.00
SOFA & ARMCHAIRS	2/25/2016	9,602.04	9,602.04	0.00	9,602.04	0.00
BOOKS	2/25/2016	3,050.28	3,050.28	0.00	3,050.28	0.00
CHAIRS & FURNITURE LEGS	2/25/2016	1,127.11	1,127.11	0.00	1,127.11	0.00
BOOKS	2/25/2016	2,248.61	2,248.61	0.00	2,248.61	0.00
MANNEQUINS RED GLOSS	2/25/2016	8,550.00	8,550.00	0.00	8,550.00	0.00
MANNEQUINS RED GLOSS	2/25/2016	1,400.00	1,400.00	0.00	1,400.00	0.00
FABRIC WRAP & DISCO BALLS	11/13/2016	5,240.00	2,236.31	258.41	2,494.72	2,745.28
IPAD FOR MADISON	6/30/2017	574.86	173.24	28.35	201.59	373.27
CARPET	12/31/2018	6,251.28	11.42	1,027.61	1,039.03	5,212.25
MADISON CARPET	12/1/2018	8,560.00	484.68	1,407.13	1,891.81	6,668.19
MADISON FURNITURE	1/31/2019	425.66	0.00	46.65	46.65	379.01
		453,457.13	435,310.98	2,768.15	438,079.13	15,378.00
		541,726.19	523,367.83	2,980.36	526,348.19	15,378.00
DESIGN FEES	4/10/2015	12,248.44	9,134.32	604.03	9,738.35	2,510.09
ARCHITECT FEES-PLANS	4/10/2015	3,164.48	2,359.93	156.06	2,515.99	648.49
		15,412.92	11,494.25	760.09	12,254.34	3,158.58
DELL	4/10/2015	2,532.09	2,532.09	0.00	2,532.09	0.00
		2,532.09	2,532.09	0.00	2,532.09	0.00
MANNEQUINS	4/10/2015	8,101.53	6,041.76	399.53	6,441.29	1,660.24
HIGH WALL PANELS	4/10/2015	1,419.43	1,058.56	70.00	1,128.56	290.87
CASH DESK	4/10/2015	8,511.16	6,347.22	419.73	6,766.95	1,744.21
WALL PANELS	4/10/2015	9,057.36	6,754.55	446.66	7,201.21	1,856.15



BEARINGS	4/10/2015	5,086.90	3,793.57	250.86	4,044.43	1,042.47
LOGO	4/10/2015	912.09	680.20	44.98	725.18	186.91
DESK ACCESSORIES	4/10/2015	3,013.35	2,247.22	148.60	2,395.82	617.53
CASH DESK	4/10/2015	5,957.43	4,442.79	293.79	4,736.58	1,220.85
CORNER SR CHESNUT HILL	4/10/2015	28,227.81	21,050.98	1,392.06	22,443.04	5,784.77
CASHWRAP	8/24/2016	3,070.63	1,446.39	151.43	1,597.82	1,472.81
		73,357.69	53,863.24	3,617.64	57,480.88	15,876.81
		91,302.70	67,889.58	4,377.73	72,267.31	19,035.39
LIC. RETAIL PRO	1/1/2005	5,547.62	5,547.62	0.00	5,547.62	0.00
		5,547.62	5,547.62	0.00	5,547.62	0.00
ARCHITECT FEES	8/3/2014	9,567.40	8,445.52	471.82	8,917.34	650.06
CONSULTING SERVICES	8/3/2014	25,000.00	22,068.49	1,232.88	23,301.37	1,698.63
ARCHITECTURAL SERVICES	8/3/2014	36,000.00	31,778.63	1,775.34	33,553.97	2,446.03
FEES FOR FIRE ALARM DRAWING	8/3/2014	10,200.00	9,003.95	503.01	9,506.96	693.04
FEES - ASBESTOS ASSESST & ISSUANCE ACP-5	8/3/2014	2,000.00	1,765.48	98.63	1,864.11	135.89
DESIGN FEES	8/3/2014	50,305.54	44,406.71	2,480.82	46,887.53	3,418.01
ALTERATION WORK	8/3/2014	400,657.00	353,675.85	19,758.43	373,434.28	27,222.72
CONSTRUCTION ADM.SERVICES	8/3/2014	12,000.00	10,592.88	591.78	11,184.66	815.34
SPECIAL INSPECTION SPRINKLER SYSTEMS	8/3/2014	1,200.00	1,059.29	59.18	1,118.47	81.53
FLOOR GRAPHICS	10/4/2016	2,912.41	1,306.60	143.63	1,450.23	1,462.18
LIGHTING DESIGN	3/1/2019	4,507.32	0.00	25.52	25.52	4,481.80
		554,349.67	484,103.40	27,141.04	511,244.44	43,105.23
LAPTOP LATITUDE 15 WIN.7	8/3/2014	1,126.86	1,126.86	0.00	1,126.86	0.00
RACK TAB FOOT PLATE & SERVICES	1/16/2015	1,513.49	1,513.49	0.00	1,513.49	0.00
COMPUTER	9/30/2017	1,228.10	513.67	100.94	614.61	613.49
PRINTER	6/30/2018	413.71	41.94	20.40	62.34	351.37
		4,282.16	3,195.96	121.34	3,317.30	964.86
FURNITURES	8/3/2014	103,462.98	91,330.90	5,102.28	96,433.18	7,029.80
MANNEQUINS	8/3/2014	5,818.31	5,136.05	286.93	5,422.98	395.33
FITTING ROOM STOOL AND BENCH	8/3/2014	3,422.20	3,020.91	168.77	3,189.68	232.52
CARPET	8/3/2014	4,442.10	3,921.22	219.06	4,140.28	301.82
ARMCHAIR	8/3/2014	6,871.96	6,066.14	338.90	6,405.04	466.92
STORAGE DOOR & CABINET MODIFICATION	10/23/2015	6,553.45	4,183.44	323.18	4,506.62	2,046.83
SHOP SIGN	11/23/2015	3,416.80	2,123.10	168.50	2,291.60	1,125.20



STORAGE DOOR & CABINET MODIFICATION	3/7/2016	3,256.18	1,836.28	160.58	1,996.86	1,259.32
FURNITURE	9/20/2016	6,695.81	3,055.19	330.20	3,385.39	3,310.42
		143,939.79	120,673.23	7,098.40	127,771.63	16,168.16
		708,119.24	613,520.21	34,360.78	647,880.99	60,238.25
COMPUTER	11/30/2017	1,130.11	409.73	92.88	502.61	627.50
COMPUTER	1/31/2018	1,632.04	499.30	134.14	633.44	998.60
		2,762.15	909.03	227.02	1,136.05	1,626.10
		2,762.15	909.03	227.02	1,136.05	1,626.10
VARIOUS	1/7/1989	152,211.00	150,617.32	392.96	151,010.28	1,200.72
GLASS DOOR	3/1/1989	6,100.00	5,847.16	48.52	5,895.68	204.32
WATER KENUL	12/31/1991	400.00	350.60	3.18	353.78	46.22
WATER KENUL	1/31/1992	400.00	350.60	3.18	353.78	46.22
FIRE HOUSE	5/31/1994	400.00	319.60	3.18	322.78	77.22
D.KRUGER	5/31/1994	750.00	590.80	5.97	596.77	153.23
LEASEHOLD IMPROVEMENTS	10/29/1999	1,220.00	594.00	7.52	601.52	618.48
LEASEHOLD IMPROVEMENTS	2/3/1999	2,225.00	1,127.48	13.71	1,141.19	1,083.81
LEASEHOLD IMPROVEMENTS	2/11/1999	3,000.00	1,529.76	18.97	1,548.73	1,451.27
LEASEHOLD IMPROVEMENTS	2/11/1999	2,225.00	1,134.59	14.07	1,148.66	1,076.34
LEASEHOLD IMPROVEMENTS	4/6/1999	4,580.00	2,307.72	28.96	2,336.68	2,243.32
LEASEHOLD IMPROVEMENTS	8/18/1999	2,615.00	1,298.93	16.53	1,315.46	1,299.54
CARPETING	6/29/2006	20,391.00	20,391.00	0.00	20,391.00	0.00
SHOWROOM	8/1/2006	42,900.00	42,900.00	0.00	42,900.00	0.00
SHOWROOM	6/12/2007	9,075.00	9,075.00	0.00	9,075.00	0.00
SHOWROOM	9/12/2008	5,788.00	5,788.00	0.00	5,788.00	0.00
AIR CONDITIONING	7/30/2009	30,900.00	19,059.00	507.95	19,566.95	11,333.05
LEASEHOLD IMPROVEMENTS	11/19/2012	2,050.00	827.71	33.92	861.63	1,188.37
LEASEHOLD IMPROVEMENTS	11/1/2012	5,650.00	2,285.40	93.90	2,379.30	3,270.70
LEASEHOLD IMPROVEMENTS	6/1/2013	4,848.00	1,805.49	79.69	1,885.18	2,962.82
SHOWROOM/ELEVATOR HALL	11/13/2014	4,497.00	1,236.20	73.92	1,310.12	3,186.88
GLASS MIRRORS	12/15/2014	1,688.00	464.12	27.75	491.87	1,196.13
LEASEHOLD IMPROVEMENT	12/1/2017	63,281.12	4,577.04	1,040.24	5,617.28	57,663.84
		367,194.12	274,477.52	2,414.12	276,891.64	90,302.48
DIGITAL CAMERA	2/10/2003	669.00	669.00	0.00	669.00	0.00
SHELVES	3/13/2003	642.00	642.00	0.00	642.00	0.00

VPN	5/30/2009	695.00	695.00	0.00	695.00	0.00
COOLING/AC	4/27/2005	978.00	978.00	0.00	978.00	0.00
COMPUTER	4/21/2006	9,927.00	9,927.00	0.00	9,927.00	0.00
TELEPHONE	4/28/2006	762.00	762.00	0.00	762.00	0.00
FLAT PANEL	1/26/2007	2,036.00	2,036.00	0.00	2,036.00	0.00
COMPUTER	4/30/2008	9,582.00	9,582.00	0.00	9,582.00	0.00
MANNEQUINS	9/16/2010	6,678.00	6,678.00	0.00	6,678.00	0.00
COMPUTER	3/30/2011	1,126.00	1,126.00	0.00	1,126.00	0.00
COMPUTER	10/28/2011	1,178.00	1,178.00	0.00	1,178.00	0.00
COMPUTER NEW ADDITION	9/26/2013	1,216.00	1,216.00	0.00	1,216.00	0.00
COMPUTER NEW ADDITION	12/31/2013	882.00	882.00	0.00	882.00	0.00
DESKTOP	4/28/2014	897.00	897.00	0.00	897.00	0.00
DELL OPTIPLEX 9020	11/19/2014	1,039.00	1,039.00	0.00	1,039.00	0.00
LAP TOP	1/1/2016	1,392.48	1,392.48	0.00	1,392.48	0.00
		39,699.48	39,699.48	0.00	39,699.48	0.00
DESK	12/15/1999	2,226.00	2,226.00	0.00	2,226.00	0.00
CHAIR	12/31/1999	1,682.00	1,682.00	0.00	1,682.00	0.00
LIGHT FIXTURE	6/21/2002	4,600.00	4,600.00	0.00	4,600.00	0.00
TABLE	2/10/2003	465.00	465.00	0.00	465.00	0.00
CABINETS	3/12/2003	1,079.00	1,079.00	0.00	1,079.00	0.00
QWEST	3/25/2013	617.00	617.00	0.00	617.00	0.00
REFRIGERATOR	9/28/2005	502.00	502.00	0.00	502.00	0.00
MACY'S BOUTIQUE	11/1/2006	3,166.00	3,166.00	0.00	3,166.00	0.00
TABLE	6/12/2008	5,264.00	5,264.00	0.00	5,264.00	0.00
ROLLING ROCK	7/1/2010	4,230.00	4,230.00	0.00	4,230.00	0.00
OFFICE MAX-TUL MFTC200	4/28/2014	958.00	894.40	48.92	943.32	14.68
CARTE DESK CARBON-CB2	4/29/2014	1,298.00	1,211.40	66.05	1,277.45	20.55
TPS CABINET CARBON-CB2	4/29/2014	1,385.00	1,293.00	70.17	1,363.17	21.83
FURNITURE	11/26/2010	3,926.00	3,926.00	0.00	3,926.00	0.00
5 LAMINATE TABLES	1/5/2016	5,374.38	3,212.89	265.04	3,477.93	1,896.45
FRIDGE	9/30/2017	488.59	122.62	24.10	146.72	341.87
		37,260.97	34,491.31	474.28	34,965.59	2,295.38
		444,154.57	348,668.31	2,888.40	351,556.71	92,597.86
		1,788,064.85	1,554,354.96	44,834.29	1,599,189.25	188,875.60



4111000 Wholesale Customers - Accounts Receivable

							Balance from 01/01/2019 to
Account	Description	Address	Address	ZIP Code	City	Country	31/12/2019 : Debit
C100001	FINALE	254 CEDARBRIDGE AVE		NJ 08701	LAKEWOOD	USA	\$5,720.00
C90031-	INTERMIX	1440 BROADWAY	5TH FLOOR	NY 10018	NEW YORK	USA	\$1,960.00
C90104-	GOLD'S TRIMMING	4710-13 AVENUE		NY 11219	BROOKLYN	USA	-\$1,516.00
C90114-	MACY'S	FEDERAL LOGISTICS	2101 E. KEMPER ROAD	OH 45241	CINCINNATI	USA	\$22,644.00
C90136-	NET-A-PORTER LLC	DC1 UNIT1 - ACCOUNTS PAYABLE	CHARLTON GATE BUSINESS PARK	SE7 7RU	LONDON	UK	-\$25,639.56
C90161-	SAKS 5TH AVENUE	PO BOX 20040		MS 39289	JACKSON	USA	-\$40,521.78
C90199-	JOAN SHEPP	1811 CHESNUT STREET		PA 19103	PHILADELPHIA	USA	\$8,824.00
C90267-	SHOPBOP.COM - BOP LLC	1245 EAST WASHINGTON AVENUE	SUITE 300	WI 53703	MADISON	USA	\$56,725.45
C90281-	STANLEY KORSHAK	500 CRESCENT COURT	SUITE 100	TX 75201	DALLAS	USA	\$10,152.00
C90299-	SHARIS PLACE	44 GLEN COVE ROAD		NY 11548	GREENVALE	USA	\$22,084.00
C90302-	A LINE BOUTIQUE LLC	2000 S. ACOMA ST		CO 80223	DENVER	USA	\$3,376.00
C90324-	ESTI'S WORLD OF FASHION INC	104 A. RT. 59		NY 10952	MONSEY	USA	\$11,404.00
C90336-	BLAKE	212 W CHICAGO AVE	DOMINIC MARCHESCHI	IL 60654	CHICAGO	USA	\$2,656.00
C90341-	THE WEBSTER	1220 COLLINS AVENUE	ATTN : CHELSEA COLOMBO	FL 33139	MIAMI	USA	\$15,484.00
C90348-	CAPITOL	4010 SHARON ROAD		NC 28211	CHARLOTTE	USA	\$4,148.00
C90353-	JUST ONE EYE	7000 ROMANIE ST.	SUITE 206	CA 90038	LOS ANGELES	USA	\$18,896.00
C90365-	ZAPPOS	400 E STEWART AVENUE		NV 89101	LAS VEGAS	USA	\$27,016.00
C90367-	MERCI	8730 COUNTRYSIDE PLAZA	SUITE 1	NE 68114	OMAHA	USA	\$3,604.00
C90369-	ALLORA BY LAURA	1269 COAST VILLAGE ROAD		CA 93108	SANTA BARBARA	USA	\$1,520.00
C90372-	BARNEYS INC	ACCOUNTS PAYABLE	PO BOX 422	NJ 07071	LYNDHURST	USA	\$5,887.72
C90392-	DEJE INC, DBA JIMMY'S	360 AVENUE U		NY 11223	BROOKLYN	USA	\$17,524.00
C90393-	MARIS COLLECTIVE	1507 7TH #88		CA 90401	SANTA MONICA	USA	\$13,344.00
C90394-	BERGDORF GOODMAN	1201 ELM STREET 20TH FLOOR	NEIMAN MARCUS ACCOUNTS PAYABLE	TX 75270	DALLAS	USA	\$4,412.00
C90395-	HOWARD HUGHES CORPORATION	ONE SEAPORT PLAZA	199 WATER STREET	NY 10038	NEW YORK	USA	\$1,348.00
C90399-	A'MAREES	2241 WESTCOAST HIGHWAY		CA 92663	NEWPORT BEACH	USA	\$8,508.00
C90401-	THE CONSERVATORY	25 HIGHLAND PARK VILLAGE	SUITE 100-320	TX 75205	DALLAS	USA	\$7,128.00
C93023-	BLOOMINGDALE'S FEDERATED	FEDERAL LOGISTICS A/P	2101 E. KEMPER ROAD	OH 45241	CINCINNATI	USA	\$13,200.00
C93920-	MODA OPERANDI	315 HUDSON STREET	FLOOR 5	NY 10013	NEW YORK	USA	-\$2,980.85

4110000 Retail Customers - Accounts Receivable

Account	Description	Balance from 01/01/2019 to 31/12/2019
C00007-	CUSTOMERS-PETTY CASH	3,388.23
C00009-	A/R VISA, MASTER CARD...	-488.86
C003---	CUSTOMER-GIFT CERTIFICATE	-372.19
C999999	CUSTOMER SUSPENSE	10,389.66

4110000 Balance Retail Customers 12,916.84

Fill in this information to identify the case:

Debtor name Sonia Rykiel, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Sonia Rykiel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address The NYS Commissioner of Tax and Finance Building 9 W.A. Harriman Cam Albany, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,796.00
	Date or dates debt was incurred	Basis for the claim:	\$16,796.00
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 11 E 68 Units A&B P.O. Box 4914 New York, NY 10185	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	\$103,000.00
	Last 4 digits of account number S352	Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address American Express P.O. Box 804247 Chicago, IL 60680-4104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	\$0.00
	Last 4 digits of account number 2009	Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Sonia Rykiel, Inc.**

Name

Case number (if known)

3.3	Nonpriority creditor's name and mailing address Amtrust North America P.O. Box 6939 Cleveland, OH 44101-1940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,173.00
3.4	Nonpriority creditor's name and mailing address Botechnology, LLC 404 5th Avenue 3rd Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,434.31
3.5	Nonpriority creditor's name and mailing address Con Edison Cooper Station P.O. Box 138 New York, NY 10276-0318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address Deborah A. Nilson & Associates 10 East 40th St Suite 3310 New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,230.48
3.7	Nonpriority creditor's name and mailing address Duell Family II 5 East 57th Street New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,155.42
3.8	Nonpriority creditor's name and mailing address Elmo Data Supply Inc. P.O. Box 691885 West Hollywood, CA 90069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,767.00
3.9	Nonpriority creditor's name and mailing address Federal Express P.O. Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.82

Debtor **Sonia Rykiel, Inc.**

Name

Case number (if known)

3.10	Nonpriority creditor's name and mailing address Fenton Model Management 207 East 63rd Street New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,965.00
3.11	Nonpriority creditor's name and mailing address Francheska Zaide 458 62nd Street Long Island City, NY 11120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.12	Nonpriority creditor's name and mailing address Hallak Cleaners 1232 Second Avenue New York, NY 10065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.50
3.13	Nonpriority creditor's name and mailing address Hanover Insurance Group P.O. Box 580045 Charlotte, NC 28258-0046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.40
3.14	Nonpriority creditor's name and mailing address Hanover Insurance Group 440 Lincoln Street Worcester, MA 01653-0002 Date(s) debt was incurred <u>12/10/2018</u> Last 4 digits of account number <u>7903</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address IBSDirect 36-06 43rd Ave 2nd Floor Long Island City, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,295.50
3.16	Nonpriority creditor's name and mailing address Intertrade c/o T65036U P.O. Box 5811 Boston, MA 02205-5811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sonia Rykiel, Inc.**

Case number (if known) _____

Name

3.17	Nonpriority creditor's name and mailing address Kazmercyl Melanie 239 E 14th Street 2R New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.00
3.18	Nonpriority creditor's name and mailing address Kezie Walla 75 Ralph Avenue Apt 3A Brooklyn, NY 11221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.19	Nonpriority creditor's name and mailing address Lineweight Consultants, Inc. 275 Webster Ave Apt 4h Brooklyn, NY 11230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.20	Nonpriority creditor's name and mailing address Liverpool Carting Co. Inc. 5 Bruckner Blvd Bronx, NY 10454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805.68
3.21	Nonpriority creditor's name and mailing address Mazars, LLP 135 West 50th Street New York, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,200.00
3.22	Nonpriority creditor's name and mailing address Metropolitan Locksmith Inc. 165 7th Ave South New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.66
3.23	Nonpriority creditor's name and mailing address National Registered Agents 1660 Walt Whitman Road #140 Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.00

Debtor **Sonia Rykiel, Inc.**

Case number (if known) _____

Name

3.24	Nonpriority creditor's name and mailing address Opentext/GXS 9177 Washingtonian Blvd Suite 700 Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.98
3.25	Nonpriority creditor's name and mailing address Orsman Design Lighting Refined 88 Mariner Drive, Suite 3 Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,271.61
3.26	Nonpriority creditor's name and mailing address Poillane 8 Rue Du Cherche-Midi Paris France 75006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.45
3.27	Nonpriority creditor's name and mailing address PTL Events 315 W 36th St New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,965.00
3.28	Nonpriority creditor's name and mailing address Ready Refresh by Nestle #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	Nonpriority creditor's name and mailing address Robert Clergerie America, Inc. Rue Pierre Curie BP 69 Roman Sur Isere France Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$708.00
3.30	Nonpriority creditor's name and mailing address Simone Studio NY, LLC 216 White Plains Road Tuckahoe, NY 10707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.00

Debtor **Sonia Rykiel, Inc.**

Name

Case number (if known)

3.31	Nonpriority creditor's name and mailing address Sonia Rykiel CDM 175 Boulevard Saint Germain 75006 Paris France Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Inventory Supplied - Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,700,959.93
3.32	Nonpriority creditor's name and mailing address Sonia Rykiel CDM 175 Boulevard Saint Germain Paris, France Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan from Parent Company Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898,900.75
3.33	Nonpriority creditor's name and mailing address Spectrum Business TWC 4145 S Falkenburg Rd Riverview, FL 33578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.92
3.34	Nonpriority creditor's name and mailing address Stellae International, Inc. 50 Marcus Drive Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,211.96
3.35	Nonpriority creditor's name and mailing address Studio Amort Walter Via Vintler 1/B Bressanone, Italy 39042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,507.32
3.36	Nonpriority creditor's name and mailing address Tactical Electric Inc. 138 W 25th St 10th Floor New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.37	Nonpriority creditor's name and mailing address Terminix P.O. Box 742592 Cincinnati, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$568.35

Debtor **Sonia Rykiel, Inc.**
Name

Case number (if known)

3.38	Nonpriority creditor's name and mailing address The Hartford P.O. Box 783690 Philadelphia, PA 19178-3690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.85
3.39	Nonpriority creditor's name and mailing address Tomasz Const. Corp. 193 Kent Street Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
3.40	Nonpriority creditor's name and mailing address Travelers Hickey and Hickey Inc. P.O. Box 200 Bedford, NY 10506-0200 Date(s) debt was incurred <u>12/10/2018</u> Last 4 digits of account number <u>842G</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,812.44
3.41	Nonpriority creditor's name and mailing address USPS Supply Chain Solutions In 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,513.45
3.42	Nonpriority creditor's name and mailing address Verizon PO Box 4833 Trenton, NJ 08650-4833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.74
3.43	Nonpriority creditor's name and mailing address Worldnet Intl 147-40 184th St Springfield Gardens, NY 11413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,728.02

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	City of New York Law Dept. Assistant Corporate Counsel 100 Church Street, Room 5-223 New York, NY 10007-2668	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor **Sonia Rykiel, Inc.**

Name

Case number (if known)

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2	Commissioner of Taxation and F AR Receivables PO Box 4137 Binghamton, NY 13902-4137	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Department of Treasury Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Morstan General Agency P.O. Box 4500 Manhasset, NY 11030	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	<u>7903</u>
4.5	New York City Dept. of Finance Taxpayer Identification Unit 25 Elm Place, 3rd Floor Brooklyn, NY 11201-5355	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	NYC Department fo Finance PO Box 5100 Kingston, NY 12402-5100	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	NYS AR Levy Receivables PO Box 4137 Binghamton 13902-4137	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	NYS Corporation Tax NYS Estimated Corporatio Tax PO Box 22109 Albany, NY 12201-2109	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	NYS Dept of Tax & Finance Bankruptcy Section PO Box 5300 Albany, NY 12205-0300	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	State of NY Dept of Labor Unemployment Insurance Div. Gov. W. Averall Harrison State Albany, NY 12240-0001	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	The NYS Commissioner of Tax and Finance Building 9 W.A. Harriman Cam Albany, NY 12227	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Travelers One Tower Square Hartford, CT 06183	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain _____	<u>842G</u>
4.13	U.S. Attorney's Office S.D.N.Y Attn: Tax & Bankruptcy Unit 86 Chambers Street, Third Floo New York, NY 10007-1825	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor **Sonia Rykiel, Inc.**
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **16,796.00**

5b. + \$ **11,838,042.54**

5c. \$ **11,854,838.54**

Fill in this information to identify the case:

Debtor name **Sonia Rykiel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **NYC Madison Store lease**State the term remaining **21 months**

List the contract number of any government contract _____

**11 E 68 Unit AB Owners LLC
546 5th Avenue
Albany, NY 12204**2.2. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease**

State the term remaining _____

List the contract number of any government contract _____

**Avaya Financial
4655 Great America Parkway
Santa Clara, CA 95054-1233**2.3. State what the contract or lease is for and the nature of the debtor's interest **License Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Bloomingdale's Inc.
Attn: Chief Financial Officer
1000 Third Avenue
New York, NY 10022**2.4. State what the contract or lease is for and the nature of the debtor's interest **License contract (shop in shop) - Bloomingdales New York - 59th Street and Bloomingdales, Chestnut Hill, Massachusetts**State the term remaining **1 year**

List the contract number of any government contract _____

**Bloomingdales Inc.
1000 3rd Ave
New York, NY 10022**

Debtor 1 **Sonia Rykiel, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Sublessor**

State the term remaining

List the contract number of any government contract

**British Heritage Brands, Inc.
c/o Capital Mgmt - Attn: CEO
725 Fifth Avenue, 23rd Floor
New York, NY 10022**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Sublessor**

State the term remaining

List the contract number of any government contract

**British Heritage Brands, Inc.
Attn Mr. Adrian Ramos
725 Fifth Avenue, 23rd Floor
New York, NY 10022**

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Debora A. Nilson & Associates
Attn: Deborah A. Nilson Esq.
10 East 40th St, Suite 3310
New York, NY 10016**

2.8. State what the contract or lease is for and the nature of the debtor's interest **NYC Office lease**

State the term remaining

63 months

List the contract number of any government contract

**Duel, LLC, NYC US
5 E 57th Street #10
New York, NY 10022**

2.9. State what the contract or lease is for and the nature of the debtor's interest **License Agreement**

State the term remaining

List the contract number of any government contract

**Macys
attn: General counsel
7 West 7th St
Cincinnati, OH 45202**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Landlord was changed to 11 E 68 Unit AB Owner LLC, but also noticing above**

State the term remaining

**Myron Altschuler, Esq.
Borah Goldstein et al.
377 Broadway, 6th Fl
New York, NY 10013**

Debtor 1 **Sonia Rykiel, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining _____

List the contract number of any government contract _____

**Pryor Cashman LLP
Attn Brad D. Rose Esq.
7 Times Square
New York, NY 10036**

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining _____

List the contract number of any government contract _____

**Ricoh USA
45 Liberty Blvd.
Parkesburg, PA 19365**

2.13. State what the contract or lease is for and the nature of the debtor's interest

Licenses

State the term remaining _____

List the contract number of any government contract _____

**Sonia Rykiel
11, rue dugay trouin
75006 Paris France**

2.14. State what the contract or lease is for and the nature of the debtor's interest

Sublessee

State the term remaining _____

List the contract number of any government contract _____

**Sonia Rykiel Inc.
Attn: Nathan Levy, Manag. Dir.
5 East 57th St, 14th Floor
New York, NY 10022**

Fill in this information to identify the case:

Debtor name Sonia Rykiel, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Sonia Rykiel, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2019 to Filing Date

Sources of revenue

Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue

(before deductions and exclusions)

\$405,477.00

For prior year:

From 1/01/2018 to 12/31/2018

☒ Operating a business

☐ Other _____

\$4,245,823.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

3.1. See Attached Schedule of Transfers

\$779,411.45

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☐ Services

☐ Other _____

Debtor **Sonia Rykiel, Inc.**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Debtor **Sonia Rykiel, Inc.**

Case number (if known)

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?**
Address**If not money, describe any property transferred****Dates****Total amount or value****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.**Who received transfer?**
Address**Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care****Part 9: Personally Identifiable Information**

Debtor **Sonia Rykiel, Inc.**

Case number (if known)

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
STELLA 50 Marcus Drive Melville, NY 11747	Stephane Raymond	Finished goods in storage or warehouse.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Public Storage 41-02 Northern Blvd Unit 1044 Long Island City, NY 11101	Stephane Raymond		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Sonia Rykiel, Inc.**

Case number (if known)

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
26a.1. MAZARS USA LLP 135 West 50th Street New York, NY 10020	April 2017 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor **Sonia Rykiel, Inc.**

Case number (if known) _____

Name and address	Date of service From-To
26b.1. MAZARS USA LLP 135 W. 50th Street New York, NY 10020	April 2017 - Present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Sonia Rykiel CDM	175 Boulevard Saint Germain Paris France	Sonia Rykiel Creation et Diffusion de Modeles (C.D.M.) S.A. -Sole Shareholder	100%
Name	Address	Position and nature of any interest	% of interest, if any
Pieter Oosting	175 Boulevard Saint Germain Paris France	President and Treasurer	0%
Name	Address	Position and nature of any interest	% of interest, if any
Stephane Raymond	175 Boulevard Saint Germain Paris, FR	Vice President	0%
Name	Address	Position and nature of any interest	% of interest, if any
Deborah A. Nilson	10 East 40th Street Suite 3310 New York, NY 10016	Secretary	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Debtor **Sonia Rykiel, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Eric Langon	175 Boulevard Saint Germain Paris, France	Former President	September 1, 2012 to July 18, 2018

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 16, 2019**

/s/ Pieter Oosting

Signature of individual signing on behalf of the debtor

Pieter Oosting

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Schedule of Payments Made in 90 Days

Date	Description	Currency	Payments
1/16/2019	BANKCARD RETAIL 01/15/2019	USD	\$76.21
1/16/2019	COMMUTER PAYMENT	USD	\$898.00
1/16/2019	OXFORD PAYMENT	USD	\$6,784.01
1/16/2019	PMT PAYROLL EXPES 01.16.2019	USD	\$42,681.05
1/18/2019	BANKCARD RETAIL 1/17/2019	USD	\$493.20
1/22/2019	READY REFRESH PAYMENT	USD	\$55.97
1/22/2019	CONEDISON PAYMENT	USD	\$432.40
1/25/2019	MONTHLY SHORTFALL FEE 01.19	USD	\$114.57
1/25/2019	AVAYA FINANCIAL PAYMENT	USD	\$456.82
1/25/2019	BANKCARD RETAIL 1/24/2019	USD	\$1,055.00
1/28/2019	MICROSOFT PAYMENTS	USD	\$252.06
1/28/2019	CONEDISON PAYMENT	USD	\$1,041.31
1/29/2019	AMEX PMT 01.2019	USD	\$50,460.34
1/30/2019	VERIZON PAYMENT	USD	\$239.56
1/30/2019	PMT PAYROLL EXPES 01.30.2019	USD	\$37,493.00
1/31/2019	GLOBAL CAPACITY PAYMENT	USD	\$328.53
1/31/2019	DEPOSIT CHECK	USD	\$103,000.00
2/4/2019	CC FEES FOR WHOLESALERS CLIENTS	USD	\$8.20
2/4/2019	VERIZON PAYMENT	USD	\$429.43
2/4/2019	CC FEES FOR MADISON STORE	USD	\$2,117.87
2/4/2019	DEPOSIT CHECK	USD	\$5,000.00
2/4/2019	DEPOSIT CHECKS	USD	\$56,807.02
2/5/2019	DEPOSIT CHECK	USD	\$381.91
2/5/2019	CC FEES FOR WHOLESALERS CLIENT	USD	\$516.66
2/7/2019	BANKCARD RETIAL 02/06/2019	USD	\$544.38
2/8/2019	BANKCARD RETAIL 02/07/2019	USD	\$1,077.86
2/12/2019	READY REFRESH PAYMENT	USD	\$153.29
2/12/2019	SPECTRUM PAYMENT	USD	\$214.94
2/12/2019	TRAVELER PAYMENT	USD	\$1,906.22
2/12/2019	DEPOSTI CHECK	USD	\$14,577.71
2/13/2019	PMT PAYROLL EXPES 02.13.2019	USD	\$43,204.17
2/14/2019	SPECTRUM PAYMENT	USD	\$189.98
2/14/2019	DEPOSIT CHECK	USD	\$500.00
2/14/2019	KEZIE WALLA PAYMENT	USD	\$750.00
2/14/2019	RICOH LEASE PAYMENT	USD	\$2,418.29
2/15/2019	GUARDIAN PAYMENT	USD	\$675.71
2/15/2019	COMMUTER PAYMENT	USD	\$898.00
2/20/2019	READY REFRESH PAYMENT	USD	\$80.98
2/20/2019	DEPOSIT CHECK	USD	\$400.00
2/20/2019	DEPOSIT CHECK	USD	\$2,075.00
2/20/2019	BROADVIEW PAYMENT	USD	\$2,784.65
2/21/2019	GLOBAL CAPACITY PAYMENT	USD	\$328.53
2/21/2019	DEPOSIT CHECK	USD	\$2,200.00

2/25/2019	MICROSOFT EXPES 02.2019	USD	\$252.06
2/25/2019	AVAYA PAYMENTS	USD	\$456.82
2/25/2019	BARNEYS BOUNCED BACK CHECK	USD	\$60,692.20
2/26/2019	BALANCE SHORTFALL FEE	USD	\$126.64
2/26/2019	AMEX PMT 02.2019 - VERA & AIDA	USD	\$4,561.60
2/27/2019	CONEDISON PAYMENT	USD	\$1,287.96
2/27/2019	BANKCARD RETAIL 02/26/2019	USD	\$4,235.24
2/27/2019	PMT PAYROLL EXPES 02.27.2019	USD	\$36,381.16
2/28/2019	DEPOSIT CHECK	USD	\$1,208.60
3/1/2019	DEPOSIT CHECKS	USD	\$136,749.33
3/4/2019	WHOLESALERS CC FEES	USD	\$8.30
3/4/2019	DEPOSIT CHECK	USD	\$105.00
3/4/2019	VERIZON PAYMENT	USD	\$292.77
3/4/2019	MADISON STORE CC FEES	USD	\$1,341.68
3/4/2019	BANKCARD RETAIL 03.03.2019	USD	\$1,785.55
3/4/2019	OXFORD PAYMENT	USD	\$7,495.31
3/5/2019	WHOLESALERS CC FEES	USD	\$455.85
3/6/2019	VERIZON PAYMENT	USD	\$423.29
3/6/2019	DEPOSIT CHECK	USD	\$1,178.00
3/12/2019	READY REFRESH PAYMENT	USD	\$86.45
3/12/2019	SPECTRUM PAYMENT	USD	\$214.94
3/12/2019	TRAVELER PAYMENT	USD	\$1,906.22
3/13/2019	PMT PAYROLL EXPES 03.13.2019	USD	\$38,621.19
3/14/2019	SPECTRUM PAYMENT	USD	\$194.98
3/15/2019	2019 ADVANCE TAX PAYMENT - NYS	USD	\$481.00
3/15/2019	BROADVIEW PAYMENT	USD	\$591.97
3/15/2019	GUARDIAN PAYMENT	USD	\$675.71
3/15/2019	COMMUTER CHECK PAYMENT	USD	\$898.00
3/15/2019	DEPOSIT CHECK	USD	\$4,975.00
3/18/2019	2019 ADVANCE TAX PAYMENT - NYC	USD	\$375.00
3/19/2019	READY REFRESH PAYMENT	USD	\$85.33
3/19/2019	2019 Q1 SALES TAX	USD	\$16,056.16
3/22/2019	CONEDISON PAYMENT	USD	\$278.87
3/25/2019	BANK BALANCE SHORTFALL FEE 03.2019	USD	\$152.71
3/25/2019	AVAYA PAYMENT	USD	\$456.82
3/25/2019	DEPOSIT CHECK	USD	\$1,180.00
3/26/2019	PMT PAYROLL EXPES 03.26.2019	USD	\$35,352.74
3/27/2019	MICROSOFT EXPES 03.2019	USD	\$21.78
3/27/2019	MICROSOFT EXPES 03.2019	USD	\$95.27
3/27/2019	MICROSOFT EXPES 03.2019	USD	\$135.01
3/27/2019	DGA PAYMENT	USD	\$220.21
3/27/2019	DGA PAYMENT	USD	\$499.86
3/27/2019	DEPOSIT CHECK	USD	\$11,231.71
3/28/2019	CONEDISON PAYMENT	USD	\$726.49
3/29/2019	BANKCARD RETAIL 03.28.2019	USD	\$740.00
4/1/2019	VERIZON PAYMENT	USD	\$238.99
4/2/2019	WHOLESALERS CC FEE	USD	\$8.20

4/2/2019	GLOBAL CAPACITY PAYMENT	USD	\$328.53
4/2/2019	OXFORD PAYMENT	USD	\$873.63
4/2/2019	MADISON STORE CC FEE	USD	\$1,976.38
4/2/2019	DEPOSIT CHECK	USD	\$6,000.00
4/2/2019	OXFORD PAYMENT	USD	\$7,495.31
4/3/2019	BANKCARD RETAIL 04.02.2019	USD	\$15.00
4/3/2019	VERIZON PAYMENT	USD	\$303.56
4/3/2019	WHOLESALES CC FEES	USD	\$778.24

Total

\$779,411.45

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of New York

In re **Sonia Rykiel, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>30,000.00</u>
Prior to the filing of this statement I have received	\$	<u>30,000.00</u>
Balance Due	\$	<u>0.00</u>
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Sonia Rykiel CDM**
4. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation in any dischargeability actions, adversary proceedings, contested matters, motions for relief from automatic stay actions, motions to avoid judicial liens or similar matters, non-routine matters, or any other unusual, unexpected or extraordinary work.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 16, 2019*Date***/s/ Kathleen M. Aiello****Kathleen M. Aiello***Signature of Attorney***Fox Rothschild LLP****101 Park Avenue****Suite 1700****New York, NY 10178****(212) 878-7900 Fax: (212) 692-0940****kaiello@foxrothschild.com***Name of law firm*

**United States Bankruptcy Court
Southern District of New York**

In re **Sonia Rykiel, Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 16, 2019**

/s/ Pieter Oosting

Pieter Oosting/President

Signer/Title

11 E 68 UNIT AB OWNERS LLC
546 5TH AVENUE
ALBANY, NY 12204

11 E 68 UNITS A&B
P.O. BOX 4914
NEW YORK, NY 10185

AMERICAN EXPRESS
P.O. BOX 804247
CHICAGO, IL 60680-4104

AMTRUST NORTH AMERICA
P.O. BOX 6939
CLEVELAND, OH 44101-1940

AVAYA FINANCIAL
4655 GREAT AMERICA PARKWAY
SANTA CLARA, CA 95054-1233

BLOOMINGDALE'S INC.
ATTN: CHIEF FINANCIAL OFFICER
1000 THIRD AVENUE
NEW YORK, NY 10022

BLOOMINGDALES INC.
1000 3RD AVE
NEW YORK, NY 10022

BOTECHNOLOGY, LLC
404 5TH AVENUE
3RD FLOOR
NEW YORK, NY 10018

BRITISH HERITAGE BRANDS, INC.
C/O CAPITAL MGMT - ATTN: CEO
725 FIFTH AVENUE, 23RD FLOOR
NEW YORK, NY 10022

BRITISH HERITAGE BRANDS, INC.
ATTN MR. ADRIAN RAMOS
725 FIFTH AVENUE, 23RD FLOOR
NEW YORK, NY 10022

CITY OF NEW YORK LAW DEPT.
ASSISTANT CORPORATE COUNSEL
100 CHURCH STREET, ROOM 5-223
NEW YORK, NY 10007-2668

COMMISSIONER OF TAXATION AND F
AR RECEIVABLES
PO BOX 4137
BINGHAMTON, NY 13902-4137

CON EDISON
COOPER STATION
P.O. BOX 138
NEW YORK, NY 10276-0318

DEBORA A. NILSON & ASSOCIATES
ATTN: DEBORAH A. NILSON ESQ.
10 EAST 40TH ST, SUITE 3310
NEW YORK, NY 10016

DEBORAH A. NILSON & ASSOCIATES
10 EAST 40TH ST
SUITE 3310
NEW YORK, NY 10016

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 7346
PHILADELPHIA, PA 19101-7346

DUEL, LLC, NYC US
5 E 57TH STREET #10
NEW YORK, NY 10022

DUELL FAMILY II
5 EAST 57TH STREET
NEW YORK, NY 10022

ELMO DATA SUPPLY INC.
P.O. BOX 691885
WEST HOLLYWOOD, CA 90069

FEDERAL EXPRESS
P.O. BOX 371461
PITTSBURGH, PA 15250-7461

FENTON MODEL MANAGEMENT
207 EAST 63RD STREET
NEW YORK, NY 10018

FRANCHESKA ZAIDE
458 62ND STREET
LONG ISLAND CITY, NY 11120

HALLAK CLEANERS
1232 SECOND AVENUE
NEW YORK, NY 10065

HANOVER INSURANCE GROUP
P.O. BOX 580045
CHARLOTTE, NC 28258-0046

HANOVER INSURANCE GROUP
440 LINCOLN STREET
WORCESTER, MA 01653-0002

IBSDIRECT
36-06 43RD AVE
2ND FLOOR
LONG ISLAND CITY, NY 11101

INTERTRADE
C/O T65036U
P.O. BOX 5811
BOSTON, MA 02205-5811

KAZMERCYL MELANIE
239 E 14TH STREET 2R
NEW YORK, NY 10003

KEZIE WALLA
75 RALPH AVENUE APT 3A
BROOKLYN, NY 11221

LINEWEIGHT CONSULTANTS, INC.
275 WEBSTER AVE
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**United States Bankruptcy Court
Southern District of New York**

In re **Sonia Rykiel, Inc.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Sonia Rykiel, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

April 16, 2019

Date

/s/ Kathleen M. Aiello

Kathleen M. Aiello

Signature of Attorney or Litigant
Counsel for **Sonia Rykiel, Inc.**

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